

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Make Louisiana Great Again		FEC IDENTIFICATION NUMBER ▼ C C00629444	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 12 / 02 / 2016</div> </div>	

Full Name of Payee BrabenderCox LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 01 / 2016	
Mailing Address 1218 Grandview Avenue		Amount 18279.00	
City Pittsburgh	State PA	Zip Code 15211	Transaction ID : SE.4114
Purpose of Expenditure Media Placement; also supports Clay Higgins		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 12 / 01 / 2016
Name of Federal Candidate ANGELLE, SCOTT MR., , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff	

Full Name of Payee BrabenderCox LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 01 / 2016	
Mailing Address 1218 Grandview Avenue		Amount 57822.00	
City Pittsburgh	State PA	Zip Code 15211	Transaction ID : SE.4115
Purpose of Expenditure Media Placement; also supports Clay Higgins		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 12 / 01 / 2016
Name of Federal Candidate ANGELLE, SCOTT MR., , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	76101.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mosing, Greg., ,

[Electronically Filed]

Date

 MM / DD / YYYY
 01 / 27 / 2017

Signature